EXHIBIT 6

1a. ORGANIZATION NAME JACOBS & SON ENTERPRISES, INC. 1b. INDIVIDUAL LAST NAME 1c. MAILING ADDRESS 1408 North Bell Blvd. 1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 2a. ORGANIZATION NAME 2b. INDIVIDUAL LAST NAME 2c. MAILING ADDRESS	etary of State otor name(1a or 1b) - do E OF ORGANIZATION ration If only one debtor name(FIRST NAME CITY Cedar Park 11. JURISDICTION O TX FIRST NAME CITY CITY 21. JURISDICTION O	THE ABO ine names OF ORGANIZATION eviate or combine name	File Numb File Date DVE SPACE IS F MIDDL STATE TX 19, OR 0079:	og is Completed per: 090008785219 : 30-MAR-2009 OR FILING OFFICE USE E NAME POSTAL CODE T8613 GANIZATIONAL ID#, II a T04600 E NAME	SUFFIX COUNTRY USA		
OLLOW INSTRUCTIONS (front and back) CAREFUL A, NAME & PHONE OF CONTACT AT FILER [optional] Phone: (800) 331-3282 Fax: (818) 662-4141 3. SEND ACKNOWLEDGEMENT TO: (Name and Address) UCC Direct Services P.O. Box 29071 Glendale, CA 91209-9071 TX, Secretary TX,	etary of State otor name(1a or 1b) - do E OF ORGANIZATION ration If only one debtor name(FIRST NAME CITY Cedar Park 11. JURISDICTION O TX FIRST NAME CITY CITY 21. JURISDICTION O	THE ABO ine names OF ORGANIZATION eviate or combine name	This filing File Numb File Date MIDDL STATE TX MIDDL STATE STATE STATE MIDDL	og is Completed per: 090008785219 : 30-MAR-2009 OR FILING OFFICE USE E NAME POSTAL CODE T8613 GANIZATIONAL ID#, II a T04600 E NAME	SUFFIX COUNTRY USA NO SUFFIX		
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1a. ORGANIZATION NAME JACOBS & SON ENTERPRISES, INC. 1b. INDIVIDUAL LAST NAME 1c. MAILING ADDRESS 1408 North Bell Blvd. 1d. SEE INSTRUCTIONS ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert 2a. ORGANIZATION NAME 2b. INDIVIDUAL LAST NAME 2c. MAILING ADDRESS 2d. SEE INSTRUCTIONS ADDIT INFO RE ORGANIZATION NAME 2c. MAILING ADDRESS 2d. SEE INSTRUCTIONS ADDIT INFO RE ORGANIZATION DEBTOR 3a. ORGANIZATION NAME Celtic Bank Corporation 3b. INDIVIDUAL LAST NAME 3c. MAILING ADDRESS 3d. DRGANIZATION NAME This FINANCING STATEMENT covers the following collateraturchase Money Security Interest in all Inventoreplacements, and substitutions relating to any organization to any organization or any organization orga	E OF ORGANIZATION ration	FIRST NAME . CITY Cedar Park 1f, JURISDICTION of TX (2e or 2b) - do not abbr FIRST NAME CITY 2f. JURISDICTION of	OF ORGANIZATION	MIDDL STATE TX 1g. OR 0079:	POSTAL CODE 78613 GANIZATIONAL ID#, II a 704600 E NAME	SUFFIX COUNTRY USA NO SUFFIX		
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	ry and Equipment; of the foregoing; al	Ill records of any l	ne foregoing is or ind relating to ar	wned now o	r acquired later; all going; all proceeds	accessions, additions, s relating to any of the		
ALTERNATE DESIGNATION [if applicable]: LESEFA.E This FINANCING STATEMENT is to be filed [for record Attach Addendum]								

SEND ACKNOWLEDGEMENT TO: (Name UCC Direct Services P.O. Box 29071 Glendale, CA 91209-907 EBTOR'S EXACT FULL LEGAL NAME - Ins. 19. ORGANIZATION NAME JACOBS & SON ENTERPRISE 15. INDIVIDUAL LAST NAME	18029 TX, Secretary of State	0054	F	File Numbe	r : 090008785219				
18. ORGANIZATION NAME JACOBS & SON ENTERPRISE					This filing is Completed File Number : 090008785219 File Date : 30-MAR-2009				
18. ORGANIZATION NAME JACOBS & SON ENTERPRISE	ert only one debtor name(1a or 1b) - do		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY						
JACOBS & SON ENTERPRISE		not abbreviate or combin	L						
	S. INC.								
		FIRST NAME		MIDDLE NAME SUFFIX					
1c. MAILING ADDRESS	CITY	-	STATEL	POSTAL CODE	COUNTRY				
1408 North Bell Blvd.	Cedar Park		TX 7	78613	USA				
. SEE INSTRUCTIONS ADD'L INFO ORGANIZA DEBTOR	TION Corporation	1f. JURISDICTION OF TX	ORGANIZATION	1g. ORG/ 007970	ANIZATIONAL ID#, if any 1 4600				
ODITIONAL DEBTOR'S EXACT FULL LEG	AL NAME - insert only one debtor name((2a or 2b) - do not abbrev	nate or combine names						
2b. INDIVIDUAL LAST NAME 2c. MAILING ADDRESS		FIRST NAME		MIDDLE NAME SUFFIX					
				STATE	POSTAL CODE	COUNTRY			
SEE INSTRUCTIONS ADD'L INFO RE 2c. TYPE OF ORGANIZATION ORGANIZATION		2f. JURISDICTION OF ORGANIZATION		2g. ORGANIZATIONAL ID#, if any					
DESTOR ECURED PARTY'S (or NAME of TOTAL AS		ly one secured party nam	e (3a or 3b)						
3a. ORGANIZATION NAME Celtic Bank Corporation		, and a party main							
36 INDIVIDUAL LAST NAME		FIRST NAME		MIDDLE NAME SUFFIX		SUFFIX			
3c. MAILING ADDRESS		CITY			POSTAL CODE	COUNTRY			
340 East 400 South	Salt Lake City		UT 8	i4111 	USA				
3c. MAILING ADDRESS 340 East 400 South This FINANCING STATEMENT covers the four three states of the state of	n all inventory and Equipment; ating to any of the foregoing; a	Salt Lake City ; whether any of the lill records of any kir	e foregoing is owne nd relating to any o	UT 8	34111 acquired later; all ac	USA ccessions, add			